

A Guide to:

Teaching Patients with SCI to Perform Self-Catheterization

Overview

Once the patient has made the decision according to the Alberta SCI Bladder Management Pathway to pursue intermittent catheterization, the patient/family should be taught how to perform safe and effective intermittent catheterization.

Provide Verbal, Audio/Visual, and Written Information

Verbal Instructions:

- Ensure the patient understands what they are learning and why they are learning it.
- Use the teach-back method to make sure you have explained the information clearly.
- Supply rationale and evidence for why the procedure is best performed as you are teaching it.
 - When we place the catheter into the bladder from the outside, we risk introducing germs into the bladder that may cause infection.
 - We try to decrease the risk of infection:
 - By cleaning our hands thoroughly with hand sanitizer or soap and hot water.
 - Using a new catheter every time, or, at home, cleaning catheters.

Written Resources:

- [MyHealth.Alberta – Intermittent Catheterization for Men](#)
- [MyHealth.Alberta – Intermittent Catheterization for Women](#)
- [Spinal Cord Essentials – Intermittent Catheterization for Men](#)
- [Spinal Cord Essentials – Intermittent Catheterization for Women](#)

Audio/Visual Resources:

- [How-To Guides for Catheters: Coloplast](#)
- [Understanding Intermittent Catheterization: Hollister](#)
- [Spinal Cord Essentials](#)

Sterile vs. Clean Technique

- When intermittent catheterization is performed by health care providers for patients in hospital, the procedure should be performed with sterile technique.

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- When patients are learning self-catheterization in the hospital environment, they should be taught to use clean technique, keeping in mind that we must make efforts to protect patients from nosocomial infection by keeping the procedure as clean as possible:
 - Use a new, sterile catheter every time.
 - Supply packages should be placed on a disinfected surface (bedside table).
 - Packages should be opened as if for a sterile procedure.
 - Patient does not wear gloves, but performs good hand hygiene in the presence of the health professional doing the teaching.
 - The patient/caregiver may use a disinfectant or soap and water to clean the perineum prior to catheterization.
- See chart “Intermittent Catheterization: Sterile or Clean Technique According to Location” below.

Intermittent Catheterization: Sterile or Clean Technique According to Location

In hospital/rehab; performed by a health professional	In hospital/rehab; performed by patient or family member	At home; performed by patient or family member	At home or in long-term care; performed by caregiver
<ul style="list-style-type: none">• Aseptic technique with good hand hygiene• Antiseptic perineal cleansing• New sterile catheter every time	<ul style="list-style-type: none">• Clean technique with good hand hygiene• Soap and water perineal wash• Avoid contacting hospital equipment with clean hands• New catheter every time	<ul style="list-style-type: none">• Clean technique with good hand hygiene• Soap and water perineal wash• May reuse catheters*	<ul style="list-style-type: none">• Clean technique with good hand hygiene and clean gloves• Soap and water perineal wash• Catheter reuse may or may not be supported*

*Alberta Aids to Daily Living allows for one new catheter per day, regardless of patient living situation. In long term care, assisted or supported living facilities, where catheters are supplied by the facility, AHS does not support the reuse of catheters, and requires use of a new catheter with every catheterization. [Click here](#) for more information, and for catheter cleaning instructions for health care providers.

Catheterization Technique

- The psychomotor skill of inserting the catheter will be different for each patient depending on their level of hand function. Assistive devices may be required (consult OT for assistive devices).

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- AHS staff should follow procedures as outlined on insite in Clinical Guidance Viewer – Urinary Catheter Management: All Ages. A link to this section is also available in Lippincott Procedures – Intermittent Catheterization. Families and care providers (non-AHS staff) can be referred to [MyHealth.Alberta.ca - Intermittent Catheterization](https://myhealth.alberta.ca/MyHealth/MyHealth.aspx?cs=1&cs=2&cs=3&cs=4&cs=5&cs=6&cs=7&cs=8&cs=9&cs=10&cs=11&cs=12&cs=13&cs=14&cs=15&cs=16&cs=17&cs=18&cs=19&cs=20&cs=21&cs=22&cs=23&cs=24&cs=25&cs=26&cs=27&cs=28&cs=29&cs=30&cs=31&cs=32&cs=33&cs=34&cs=35&cs=36&cs=37&cs=38&cs=39&cs=40&cs=41&cs=42&cs=43&cs=44&cs=45&cs=46&cs=47&cs=48&cs=49&cs=50&cs=51&cs=52&cs=53&cs=54&cs=55&cs=56&cs=57&cs=58&cs=59&cs=60&cs=61&cs=62&cs=63&cs=64&cs=65&cs=66&cs=67&cs=68&cs=69&cs=70&cs=71&cs=72&cs=73&cs=74&cs=75&cs=76&cs=77&cs=78&cs=79&cs=80&cs=81&cs=82&cs=83&cs=84&cs=85&cs=86&cs=87&cs=88&cs=89&cs=90&cs=91&cs=92&cs=93&cs=94&cs=95&cs=96&cs=97&cs=98&cs=99&cs=100).
- Follow the recommendations in [Intermittent Catheterization: Sterile or Clean Technique According to Location](#). The level of asepsis should be observed as per the chart above.

Lemke, J. R., Kasprovicz, K., & Worrall, P. S. (2005). Intermittent catheterization for patients with a neurogenic bladder: sterile versus clean: using evidence-based practice at the staff nurse level. *Journal of Nursing Care Quality, 20*(4), 302-306.

Newman, D. K., & Willson, M. M. (2011). Review of intermittent catheterization and current best practices. *Urologic Nursing, 31*(1), 12-28, 48; quiz 29.